F	ill in this information to identif	y your case:	
U	nited States Bankruptcy Court fo	or the:	RECEIVED
D	istrict of Nevada		AND FILED
С	ase number (# known):	Chapter you are filing under:  ☑ Chapter 7	2018 JUN 25 AM 9: 21
		☐ Chapter 11☐ Chapter 12☐ Chapter 13☐ Cha	U.S. BANKRUPTCY COURT MAR Phacecomes is an CLERK amended filing
0	fficial Form 101		
V	oluntary Peti	tion for Individuals Fili	ng for Bankruptcy 12/17
De Sai Be infe	btor 2 to distinguish between t me person must be <i>Debtor 1</i> in as complete and accurate as p	them. In joint cases, one of the spouses must report a all of the forms. possible. If two married people are filing together, bo ded, attach a separate sheet to this form. On the top	ut the spouses separately, the form uses <i>Debtor 1</i> and information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The oth are equally responsible for supplying correct of any additional pages, write your name and case number
	<b>,</b>	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Your full name	About Debtor 1:	About peptor 2 (Spouse Only in a John Case):
1.	Write the name that is on your		
	government-issued picture	Trisha First name	First name
	identification (for example, vour driver's license or	Ann	1100.100.100
	passport).	Middle name	Middle name
	Bring your picture	Viser	
	identification to your meeting with the trustee.	Last name Mrs	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	Trisha	
	have used in the last 8	First name	First name
	years	Ann	Addda
	Include your married or maiden names.	Middle name Grubb	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>3</u> <u>6</u> <u>0</u> <u>2</u>	xxx - xx
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer	xxx - xx - <u>3</u> <u>6</u> <u>0</u> <u>2</u> or	XXX - XX

Name Middle Names  yer  on Numbers  ave used in  ears  names and  ss as names	About Debtor 1:  About Debtor 1:  Business name  Business name  EIN	any business name	s or EINs.		btor 2 (Spouse of not used any bus	- -	
yer on Numbers nave used in ears names and ss as names	Business name Business name EIN	any business name	s or EINs.	Business na	not used any bus	- -	
yer on Numbers nave used in ears names and ss as names	Business name  Business name  EIN	any business name	s or EINs.	Business na	ame	siness names o	r EINs.
ears names and ss as names	Business name			Business na			
ss as names	EIN			<u>EIN</u>	ame 		
	EIN			<u>EIN</u>	ame 		
live			_				
live	EIN		<del></del>	<u> </u>			
live							
				If Debtor	2 lives at a diffe	rent address:	
	2050 Longley La	ane					
	Number Street			Number	Street		
	#503				·		
	Reno	N\	89502				
	City	Stat	e ZIP Code	City		State	ZIP Cod
				County		<del></del> -	
	above, fili it in hen	<ul> <li>Note that the cou</li> </ul>	rt will send	yours, fili	it in here. Note	that the court w	
	Number Street			Number	Street	<del></del>	
	20821						
	P.O. Box			P.O. Box			
	Reno			City		Chota	ZIP Cod
	re choosing	Reno City Washoe County If your mailing add above, fill it in her any notices to you a  Number Street 20821 P.O. Box Reno City	Reno NV City State Washoe County  If your mailing address is different fr above, fill it in here. Note that the cou any notices to you at this mailing addre  Number Street 20821 P.O. Box Reno NV City State	Reno NV 89502  City State ZIP Code  Washoe  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  20821  P.O. Box  Reno NV 89515  City State ZIP Code	Reno NV 89502  City State ZIP Code City  Washoe  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  Number  20821  P.O. Box  Reno NV 89515  City State ZIP Code City	Reno NV 89502 City State ZIP Code City  Washoe County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  20821 P.O. Box  Reno NV 89515	Reno NV 89502  City State ZIP Code City State  Washoe  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  20821  P.O. Box  Reno NV 89515  City State  City State

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De	otor 1 I IISNA Ann	<del></del>	Viser			Case number (if la	own)	
	First Name Middle Nam	16	Last Name	•				
Pa	art 2: Tell the Court Abou	ıt Your B	ankruz	otcy Case				
<b>7</b> .	The chapter of the Bankruptcy Code you			a brief description of eac Form 2010)). Also, go to t				
	are choosing to file under	Chap	oter 7					
		☐ Cha <sub>l</sub>	oter 11					
		Chap	oter 12					
		☐ Cha <sub>l</sub>	oter 13					
8.	How you will pay the fee	local your subr with	court to self, you nitting y a pre-p	ne entire fee when I fi for more details about bu may pay with cash, o your payment on your printed address.	how you m cashier's d behalf, you	nay pay. Typicall theck, or money ur attorney may	y, if you are order. If you pay with a ci	paying the fee r attorney is redit card or check
				for Individuals to Pay				
		By la less pay	aw, a ju than 1: the fee	idge may, but is not re 50% of the official pove	quired to, verty line the choose th	waive your fee, a at applies to you iis option, you m	and may do : ir family size just fill out th	ou are filing for Chapter 7. so only if your income is and you are unable to e Application to Have the tition.
9.	Have you filed for	□ No						
	bankruptcy within the last 8 years?		District	of Nevada	When	03/12/2010	Case number	1050810
			District		When	MM / DD / YYYY	Case number	
			District					
			District		When	MM / DD / YYYY	Case number	
10.	Are any bankruptcy cases pending or being	No No						
	filed by a spouse who is	Yes.	Debtor				_ Relationship t	o you
	not filing this case with you, or by a business partner, or by an affiliate?		District		When	MM / DD / YYYY	Case number,	if known
	amigu.		Debtor				_ Relationship t	o you
			District		When	MM / DD / YYYY	Case number,	if known
11.	Do you rent your residence?	☑ No. ☐ Yes.	Has ye	line 12. our landlord obtained an o o. Go to line 12. es. Fill out <i>Initial Statemer</i> rt of this bankruptcy petiti	nt About an			(Form 101A) and file it as

Debtor 1	Trisha	Ann Middle Name		Viser Lest Name		Case nur	nber (# known)_		
Part 3:	Report Abou	it Any B	usinesse	es You Own as a Soi	e Proprieto	r			
42 Are v	ou a sole pro	orietor	[7] No. C	io to Part 4.					
of an	y full- or part-			Name and location of bus	ninoso				
	n <b>ess?</b> e proprietorship is	a	Tes.	Name and location of bus	siness				
busine individ	ess you operate a dual, and is not a ate legal entity su	as an	į	Name of business, if any					
	poration, partners		i	Number Street			<del></del>		
sole p	have more than proprietorship, use	e a							· · · · · · · · · · · · · · · · · · ·
	ate sheet and att petition.	ach it	,	City			State	ZIP Code	
				J.,					
				Check the appropriate be	ox to describe	your business:			
				Health Care Busines	s (as defined i	in 11 U.S.C. § 10	01(27A))		
				Single Asset Real Es	tate (as defin	ed in 11 U.S.C. {	§ 101(51B))		
				Stockbroker (as defin	ned in 11 U.S.	C. § 101(53A))			
				Commodity Broker (a	es defined in 1	1 U.S.C. § 101(	6))		
				None of the above					
Chap Bani	you filing unde oter 11 of the kruptcy Code a rou a s <i>mall bu</i> or?	and	can set a most rec any of th	e filing under Chapter 11, appropriate deadlines. If y ent balance sheet, states ese documents do not ex	you indicate the ment of operated sist, follow the	nat you are a small tions, cash-flow:	all business statement, a	debtor, you m nd federal inc	nust attach your
	definition of sma	li .		I am not filing under Cha I am filing under Chaptel	•	NOT a small bus	siness debto	r according to	the definition in
11 U.	S.C. § 101(51D).		_	the Bankruptcy Code.					
				l am filing under Chapter Bankruptcy Code.	i i ang i am	a sinan dusiness	GUEDIOI ACCA	arding to the d	emilion m ure
Part 4:	Report if Yo	u Own c	or Have	Any Hazardous Prop	erty or Any	Property Tha	t Noods li	nmediate /	Attention
	<u> </u>	, ,,	<u></u>		· · · · · · · · · · · · · · · · · · ·				
	ou own or hav erty that pose		<b>☑</b> No						
aileg of im	ed to pose a t minent and tiflable hazard	hreat	Yes.	What is the hazard?					
	ic health or sa								
prop	o you own any erty that need ediate attentio	S		If immediate attention is	s needed, why	y is it needed?_			
perisi that n	xample, do you o hable goods, or li nust be fed, or a l needs urgent repa	vestock building							
	J			Where is the property?					
					Number	Street			
				•	City			State	ZIP Code

Trisha Ann Viser

Case number (# known)\_\_\_\_\_

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1
AUGUL	Dentoi	

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

0	I am not required to receive a briefing about
	credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	requi	red to	rece	ive a	briefing	about
CFRC	dit co	HIDEA	lina t	ocaus	se of	:	

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-50677-btb Doc 1 Entered 06/25/18 09:29:30 Page 6 of 51

Debtor 1	Trisha First Name	Ann Middle Name	Viser Last Name	Case number (# knos	vn)
	rim Name	MICCHE METHE	Cass rearne		
	-				
Part 6:	Answer Thes	e Questic	ons for Reporting Purpo	505	
	t kind of debts o	do <sup>10</sup>		a <b>rily consumer debts?</b> Consumer debt ual primarily for a personal, family, or hous	
your	la VC I		No. Go to line 16b. Yes. Go to line 17.		
		10		arily business debts? Business debts anvestment or through the operation of the	
			No. Go to line 16c. Yes. Go to line 17.		
		10	6c. State the type of debts yo	ou owe that are not consumer debts or bus	iness debts.
	ou filing under		☐ No. I am not filing under C	Chapter 7. Go to line 18.	
Do y	ou estimate tha exempt propert		Yes. I am filing under Chap administrative expens	oter 7. Do you estimate that after any exem ses are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?
	uded and	<b>5000</b>	☑ No		
are p avaii	inistrative expe paid that funds wable for distribused able for distribusecured credit	wiil be ution	Yes		
	many creditors		<b>Z</b> 1 1-49 <b>Z</b> 1 50-99	1,000-5,000 5,001-10,000	25,001-50,000 50,001-100,000
owe?	•		30-99 100-199 200-999	10,001-25,000	☐ More than 100,000
	much do you		\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion
	nate your asset orth?		\$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion
DC W	Otuli		⊒ \$100,001-\$500,000 ⊒ \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million	☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
a How	much do you		<b>2)</b> \$0-\$50,000	□ \$1,000,001-\$10 million	\$500,000,001-\$1 billion
	nate your liabili		\$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion
to be	17		\$100,001-\$500,000	\$50,000,001-\$100 million	□ \$10,000,000,001-\$50 billion
	<b>.</b>		☐ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion
Part 7:	Sign Below				
For <b>yo</b> u	1		have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and
		0		Chapter 7, I am aware that I may proceed, . I understand the relief available under ea	
				nd I did not pay or agree to pay someone d and read the notice required by 11 U.S.C	
		1	request relief in accordance v	with the chapter of title 11, United States C	Code, specified in this petition.
		W		atement, concealing property, or obtaining sult in fines up to \$250,000, or imprisonme , and 3571.	
		3	* MM	*	
			Signatule of Debtor 1, P	rose Signatur	e of Debtor 2
			Executed on OV OF	104010 Executed	d on

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Debtor 1	Trisha	Ann	Viser	Case number (# known)				
	First Name	Middle Name	Last Name					
represen	attorney, if ted by one		to proceed under Chapter 7, 11, 12 available under each chapter for wh	ed in this petition, declare that I have info , or 13 of title 11, United States Code, an iich the person is eligible. I also certify th 142(b) and, in a case in which § 707(b)(4	d have o	explain e deliv	ed the relice ered to the	ef debtor(s)
by an atte	not represe orney, you c	lo not	, ,	information in the schedules filed with the	e petition	n is inco	orrect.	
need to f	ile this page	).	×	Date				
			Signature of Attorney for Debtor	Date	MM .	/ DD	/ / / / / / / / / / / / / / / / / / / /	
			Printed name					·
			Firm name	NAME OF THE PROPERTY OF THE PR			<del> </del>	
			Number Street			····		
			City	State	ZIP Co	ie		
			Contact phone	Email address	·			
			Bar number	State	-			

Trisha

Ann

Viser

Debtor 1	Trisha First Name	Ann Middle Name	Viser Last Name	Case number (# known)
oankrup attorney	if you are fili tcy without a	an	should understand that themselves successfull	n individual, to represent yourself in bankruptcy court, but you many people find it extremely difficult to represent y. Because bankruptcy has long-term financial and legal strongly urged to hire a qualified attorney.
an attorr	e represente ney, you do r file this page	not	technical, and a mistake or dismissed because you did hearing, or cooperate with firm if your case is selected	t correctly file and handle your bankruptcy case. The rules are very inaction may affect your rights. For example, your case may be not file a required document, pay a fee on time, attend a meeting or the court, case trustee, U.S. trustee, bankruptcy administrator, or audit I for audit. If that happens, you could lose your right to file another ections, including the benefit of the automatic stay.
			court. Even if you plan to p in your schedules. If you d property or property claim also deny you a discharge case, such as destroying o cases are randomly audite	erty and debts in the schedules that you are required to file with the ay a particular debt outside of your bankruptcy, you must list that debt o not list a debt, the debt may not be discharged. If you do not list t as exempt, you may not be able to keep the property. The judge can of all your debts if you do something dishonest in your bankruptcy r hiding property, falsifying records, or lying. Individual bankruptcy d to determine if debtors have been accurate, truthful, and complete.
			hired an attorney. The cou successful, you must be fa	an attorney, the court expects you to follow the rules as if you had to will not treat you differently because you are filing for yourself. To be miliar with the United States Bankruptcy Code, the Federal Rules of the local rules of the court in which your case is filed. You must also exemption laws that apply.
			Are you aware that filing to consequences?	r bankruptcy is a serious action with long-term financial and legal
			Yes	
			inaccurate or incomplete,	ptcy fraud is a serious crime and that if your bankruptcy forms are rou could be fined or imprisoned?
			☐ No ☑ Yes	
				y someone who is not an attorney to help you fill out your bankruptcy forms?
			Yes. Name of Person Attach Bankruptcy	Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
			have read and understood	edge that I understand the risks involved in filing without an attomey. I this notice, and I am aware that filing a bankruptcy case without an lose my rights or property if I do not properly handle the case.
			Signature of Debtor 1	Signature of Debtor 2
			Date Oct 32 12	Date MM / DD / YYYY
			Contact phone	Contact phone

Cell phone

Email address

775-276-2639

Email address trishagrubb09@gmail.com

Cell phone

Certificate Number: 15317-NV-CC-031131473



## **CERTIFICATE OF COUNSELING**

I CERTIFY that on <u>June 4, 2018</u>, at <u>2:54</u> o'clock <u>PM PDT</u>, <u>Trisha A Viser</u> received from <u>Access Counseling</u>, <u>Inc.</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>District of Nevada</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 4, 2018 By: /s/Rose Benito

Name: Rose Benito

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in the	s information to identify your cas	se and this	filing:			
Debtor 1	Trisha An	n	Viser			
	First Name Middle	Name	Last Name			
Debtor 2 (Spouse, if fi	ling) First Name Middle	Name	Last Name			
United Sta	tes Bankruptcy Court for the: District o	f Nevada				
Case numb	ber	to the second				Notice of Marketines
						Check if this is an amended filing
O.C	1 m 400 A /D					J
Offici	al Form 106A/B					
Sch	edule A/B: Pro	pert	y			12/15
category respons	category, separately list and des y where you think it fits best. Be lible for supplying correct inform ur name and case number (if kno Describe Each Residence,	as complete ation. If moown). Answ	te and accurate as possible. If ore space is needed, attach a seer every question.	two married people parate sheet to thi	are filing together, bo is form. On the top of a	th are equally
	u own or have any legal or equit					
	o. Go to Part 2.	abio illusio	st in any roomanios, building, in	iid, oi oiiilidi piopi		
	es. Where is the property?					
			What is the property? Check	ali that apply.	Do not deduct secured cla the amount of any secure	
1.1.			☐ Single-family home ☐ Duplex or multi-unit building		Creditors Who Have Clair	
	Street address, if available, or other de	scription	Condominium or cooperative	•	Current value of the	Current value of the
			Manufactured or mobile hor	ne	entire property?	portion you own?
			☐ Land ☐ Investment property		\$	\$
	01.1	ZIP Code	Timeshare		Describe the nature of	
	City State	ZIP Code	Other		interest (such as fee the entireties, or a life	
			Who has an interest in the p	roperty? Check one.		
			Debtor 1 only			
	County		Debtor 2 only		☐ Check If this is co	mmunity property
			Debtor 1 and Debtor 2 only  At least one of the debtors a	nd another	(see instructions)	minutely property
			Other Information you wish		em, such as local	
			property identification numb	er:		
If you	own or have more than one, list he	ere:	What is the appearing Check a	il that annh		
			What is the property? Check a Single-family home	пиатарру.	Do not deduct secured cla the amount of any secure	
1.2.	Street address, if available, or other de		Duplex or multi-unit building		Creditors Who Have Clair	ns Secured by Property.
	Street address, if available, or other de	scription	☐ Condominium or cooperative		Current value of the	Current value of the
			Manufactured or mobile hom	•	entire property?	portion you own?
			Land		\$	\$
			Investment property  Timeshare		Describe the nature of	of your ownership
	City State	ZIP Code	Other		Interest (such as fee the entireties, or a life	
			Who has an interest in the pr	operty? Check one.		
			Debtor 1 only			
	County		Debtor 2 only			
	•		Debtor 1 and Debtor 2 only		☐ Check If this is co	mmunity property
			At least one of the debtors an	d another	(see instructions)	
			Other information you wish to			
			property identification number	or:		

Official Form 106A/B

Case 18-50677-btb Doc 1 Entered 06/25/18 09:29:30 Page 11 of 51 Viser Trisha Ann Case number (if known) Debtor 1 What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home 1.3. Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home ☐ Land Investment property Describe the nature of your ownership ZIP Code ☐ Timeshare City State interest (such as fee simple, tenancy by ☐ Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 0.00 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? include any vehicles you own that someone else drives, If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ☑ Yes **GMC** Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.1. Make: the amount of any secured claims on Schedule D: Yukon Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2003 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 180,000 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 2.500.00 0.00 ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property.

Current value of the

entire property?

Current value of the

portion you own?

Debtor 2 only

instructions)

Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Check if this is community property (see

Year:

Approximate mileage:

Other information:

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	Trisha	Ann	Viser	Case number (# kr	nown)	
	First Name Middle	e Name L	ast Name			
3.3.	Make:		Who has an interest in the pro	perty? Check one.	Do not deduct secured cla	
	Model:		Debtor 1 only		the amount of any secured Creditors Who Have Clain	
			Debtor 2 only			
	Year:		Debtor 1 and Debtor 2 only		Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:		At least one of the debtors and	another	Citation property:	<b>p</b> o, o
	Other information:		☐ Check if this is community instructions)	property (see	\$	\$
	8.6-1		Who has an interest in the pro	perty? Check one.	Do not deduct secured cla	ime or exemptions. But
3.4.	Make:		Debtor 1 only		the amount of any secure	i claims on <i>Schedule D</i>
	Model:		Debtor 2 only		Creditors Who Have Clain	ns Secured by Property
	Year:		Debtor 1 and Debtor 2 only		Current value of the	Current value of the
	Approximate mileage:		At least one of the debtors and	another	entire property?	portion you own?
			At least one of the decicis and	anound		
	Other information:		☐ Check if this is community instructions)	property (see	\$	\$
	<i>npl</i> es: Boats, trailers, m lo	-	nd other recreational vehicles, other ve vatercraft, fishing vessels, snowmobiles, r			
Exan V N	<i>nples:</i> Boats, trailers, m lo es	otors, personal v	vatercraft, fishing vessels, snowmobiles, r	notorcycle accesso	ories	nims or exemptions. Put
Exan	nples: Boats, trailers, m lo es Make:	otors, personal v	watercraft, fishing vessels, snowmobiles, r  Who has an Interest In the pro	notorcycle accesso	Do not deduct secured cla the amount of any secure	d claims on <i>Schedule D</i>
Exan V N	<i>nples:</i> Boats, trailers, m lo es	otors, personal v	watercraft, fishing vessels, snowmobiles, r  Who has an Interest in the pro  Debtor 1 only	notorcycle accesso	Do not deduct secured cla	d claims on <i>Schedule D</i>
Exan N Y	nples: Boats, trailers, m lo es Make:	otors, personal v	watercraft, fishing vessels, snowmobiles, r  Who has an Interest In the pro	notorcycle accesso	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D ns Secured by Property
Exan N Y	nples: Boats, trailers, m lo es Make:	otors, personal v	watercraft, fishing vessels, snowmobiles, r  Who has an Interest in the pro Debtor 1 only Debtor 2 only	motorcycle accesso	Do not deduct secured cla the amount of any secure	d claims on Schedule D ns Secured by Property Current value of t
Exan N Y	mples: Boats, trailers, molo res  Make:  Model:  Year:	otors, personal v	watercraft, fishing vessels, snowmobiles, r  Who has an Interest in the pro Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	notorcycle accesso perty? Check one. another	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D ns Secured by Property Current value of t
<b>Exam</b> N	mples: Boats, trailers, molo res  Make:  Model:  Year:	otors, personal w	watercraft, fishing vessels, snowmobiles, r  Who has an Interest in the pro Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check If this is community	notorcycle accesso perty? Check one. another	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	d claims on <i>Schedule D</i>
Exam ☑ N ☑ Y	Make:  Model: Year: Other information:	otors, personal w	watercraft, fishing vessels, snowmobiles, r  Who has an Interest in the pro Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check If this is community	perty? Check one.  another  property (see	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$	d claims on Schedule D ns Secured by Property  Current value of ti portion you own?  \$
Exam  4.1.	mples: Boats, trailers, moloces  Make: Model: Year: Other information:	otors, personal w	who has an interest in the pro Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community instructions)	perty? Check one.  another  property (see	Do not deduct secured dathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured dathe amount of any secure	d claims on Schedule D ns Secured by Property  Current value of ti portion you own?  \$
Exam  4.1.	mples: Boats, trailers, moloces  Make: Model: Other information:  u own or have more that Make: Model:	otors, personal w	watercraft, fishing vessels, snowmobiles, r  Who has an Interest in the pro Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community instructions)  Who has an Interest in the pro	perty? Check one.  another  property (see	Do not deduct secured clair the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$  Do not deduct secured clair the amount of any secure Creditors Who Have Clair	d claims on Schedule D ns Secured by Property  Current value of ti portion you own?  \$ aims or exemptions. Put d claims on Schedule D ns Secured by Property
Exam  A.1.	mples: Boats, trailers, moloces  Make: Model: Year: Other information:	otors, personal w	Who has an Interest in the pro Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community instructions)  Who has an Interest in the pro Debtor 1 only	perty? Check one.  another  property (see	Do not deduct secured claim the amount of any secure Creditors Who Have Claim Current value of the entire property?  \$ Do not deduct secured claim the amount of any secure Creditors Who Have Claim Current value of the	d claims on Schedule D ns Secured by Property  Current value of ti portion you own?  \$ aims or exemptions. Put d claims on Schedule D ns Secured by Property  Current value of ti
Exam  A.1.	mples: Boats, trailers, moloces  Make: Model: Other information:  u own or have more that Make: Model:	otors, personal w	watercraft, fishing vessels, snowmobiles, rewards with the process of the process of the process of the debtors and the process of the debtors and the process of the proce	perty? Check one.  another  property (see	Do not deduct secured clair the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$  Do not deduct secured clair the amount of any secure Creditors Who Have Clair	d claims on Schedule Ens Secured by Property  Current value of t portion you own?  \$

Official Form 106A/B Schedule A/B: Property page 3

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Trisha

Viser

υ	ч	v	w	ľ

Case number (if known)

Do	you own or have any legal or equitable interest in any of the following items?	Current va portion yo Do not deduc or exemption	u own? ct secured claims
6.	Household goods and furnishings		
	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No □ Yes. Describe Living room furniture, kitchen, bedroom	\$	500.00
7	Electronics		
•	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	☑ No		
	Yes. Describe	\$	
8.	Collectibles of value		
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No		
	Yes. Describe	\$	· · · · · · · · · · · · · · · · · · ·
9.	Equipment for sports and hobbies		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	☑ No □ Yes. Describe	\$	
10	Firearms		
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment		
	☑ No		
	Yes. Describe	\$	
11	Clothes		
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
	□ No □ Yes. Describe work and casual clothing	•	500.00
	163. 2600126	<b>3</b>	
12	. Jewelry		
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	□ No	•	100.00
	☑ Yes. Describewedding ring	\$	100.00
13	Non-farm animals		
	Examples: Dogs, cats, birds, horses  No		
	Yes. Describe	\$	
14	Any other personal and household items you did not already list, including any health aids you did not list		
	☑ No		
	Yes. Give specific information	\$	
15	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	<b>\$</b>	1,100.00

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Debtor 1 Trisha Ann Viser Case number (if known)

Part 4: Describe Yo	ur Financial Assets		
Do you own or have any	legal or equitable interest in	any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16. Cash  Examples: Money you	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your petition	
□ No			
···		Cash:	\$
		unts; certificates of deposit; shares in credit unions, brokerage hous nultiple accounts with the same institution, list each.	es,
☐ No ☑ Yes			
*** Tes		Institution name:	
	17.1. Checking account:	Bank of America	_ \$300.00
	17.2. Checking account:		\$
	17.3. Savings account:	****	_ \$
	17.4. Savings account:		_ \$
	17.5. Certificates of deposit:		_ \$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:		<u> </u>
	17.9. Other financial account:		<b> \$</b>
•	or publicly traded stocks		
Examples: Bond funds,  10 No	investment accounts with brok	erage firms, money market accounts	
Yes	Institution or issuer name:		
			\$
			<b>\$</b>
	Mass		\$
19. Non-publicly traded s an LLC, partnership,		rated and unincorporated businesses, including an interest in	
☑ No	Name of entity:	% of ownership:	
Yes. Give specific information about	-	0% %	<b>\$</b>
them		0%_%	\$
		0% <sub>%</sub>	\$

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known)\_

Viser

Ann

Trisha

Debtor 1

rirst Name	MIGGRE NATTIE	Last reame	
		her negotiable and non-negotiable instruments	
Negotiable instruments	include personal che	ecks, cashiers' checks, promissory notes, and money orders.  annot transfer to someone by signing or delivering them.	
	orns are those you d	and tallion to compose by againg a containing aroun.	
No Cive enecific	Issuer name:		
Yes. Give specific information about			•
them			\$
			\$ \$
			₹
21. Retirement or pension	accounts		
		401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
☑ No			
Yes. List each account separately.	Type of account:	Institution name:	
account separatery.			•
	401(k) or similar plan		\$
	Pension plan:		\$
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
	Additional account:		•
	radiaona account.		V
22. Security deposits and Your share of all unused		made so that you may continue service or use from a company	
Examples: Agreements		aid rent, public utilities (electric, gas, water), telecommunications	
companies, or others			
☑ No			
☐ Yes		nstitution name or individual:	
	Electric: _		\$
	Gas: _		\$
	Heating oil:		\$
	Security deposit on re	ental unit:	\$
	Prepaid rent:		\$
	Telephone: _		\$
	Water:		\$
	Rented furniture:		\$
	Other: _		\$
23. Annuities (A contract fo	or a periodic paymen	t of money to you, either for life or for a number of years)	
☑ No			
☐ Yes	Issuer name and de	escription:	
			\$
			\$

Official Form 106A/B Schedule A/B: Property page 6

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ebtor 1	Trisha	Ann	Viser	Case number (if known)	
55(0)	First Name	Middle Name Last Name			
Interests	s In an education	on IRA, in an account in a	qualified ABLE program, o	r under a qualified state tuition program.	
26 U.S.C	C. §§ 530(b)(1),	529A(b), and 529(b)(1).			
Mo No					
Yes		Institution name and	description. Separately file t	the records of any interests.11 U.S.C. § 521(c	<b>)</b> :
					•
					<b>*</b>
					\$
					\$
	equitable or fut able for your b		other than anything listed i	in line 1), and rights or powers	
<b>V</b> No					
	Give specific				
	mation about th	em			\$
		ademarks, trade secrets, a			
	es: Internet dom	ain names, websites, procee	eds from royalties and licens	ing agreements	
<b>☑</b> No					
	Give specific mation about th	om			s
HIIOI	mation about u	e			V
l iconeo	e franchiese	and other general intanglb	loc		
				s, liquor licenses, professional licenses	
Ø No				•	
	Give specific				
	mation about th	iem			\$
ney or p	property owed	to you?			Current value of the
					portion you own? Do not deduct secured
					claims or exemptions.
Tax refu	inds owed to y	ou			
☑ No	-				
	Give specific in	nformation		Federal:	•
	about them, in	cluding whether			\$
	you already file	ed the returns ars			\$
	J.			Local:	\$
Family :					
	es: Past due or	lump sum alimony, spousal :	support, child support, maint	enance, divorce settlement, property settleme	nt
<b>☑</b> No					
Yes.	. Give specific in	nformation		Alimony:	•
				Maintenance:	\$ \$
				Support:	\$
				Support: Divorce settlement:	\$ <b>\$</b>
					\$
				Property settlement:	Ψ
Other a	mounts somed	es, disability insurance paym	nents, disability benefits, sick	pay, vacation pay, workers' compensation,	
<b>□A</b>	Social Secu	rity benefits; unpaid loans yo	ru made to someone else		
☑ No					
LJ Yee	Give specific in	nformation			

Official Form 106A/B Schedule A/B: Property

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Case number (# known)\_\_

Viser

Ann

Trisha

Debtor 1

		rest Name	MIGGE Name	Last Name			
		s in insurance	•				
	-	es: Health, disat	oility, or life insurance	e; health savings acc	count (HSA); credit, homeov	wner's, or renter's insurance	
	ŽINo ⊒Yes.	. Name the insu	rance company	Company name:		Beneficiary:	Surrender or refund value:
	/		and list its value	Company name.		Derendary.	
							\$
					***************************************		5
							5
If	you an		y of a living trust, ex	from someone who I spect proceeds from a		e currently entitled to receive	
_	A No						
L	J Yes.	. Give specific in	nformation				\$
33 C	isime :	anainet third n	arties whether or	not you have filed a	lawsuit or made a deman	nd for navment	
E	xample	•	•	s, insurance claims, o			
	ZI No						
C	Yes.	Describe each	claim				<b>s</b>
34. O	ther co	ontingent and (	unliquidated cialm	s of every nature, in	ncluding counterclaims of	the debtor and rights	
		ff claims	•	-	-	-	
_	<b>2</b> No	Danadha asab	-1-1				
•	⊸i Yes.	. Describe each	claim				\$
25 <b>A</b>	nv flas	ancial assats w	ou did not aiready	liet			
	Z No	ancial assocs y	ou dia not unoudy				
_		. Give specific ir	nformation				•
							₹
			-		ling any entries for pages	· _	0.00
f	or Part	4. Write that n	umber here			······	\$
Par	t 5:	Describe A	nv Business-i	leiated Property	v You Own or Have	an Interest in. List any n	eal estate in Part 1.
07.5							
_	_ •	<b>own or have a</b> Go to Part 6.	ny legal or equitab	e interest in any bu	siness-related property?		
		. Go to line 38.					
							Current value of the
							portion you own?  Do not deduct secured claims or exemptions.
38. <b>A</b>	ccoun	ts receivable o	r commissions yo	u already earned			
Ţ	⊒ No						
Ţ	Yes.	. Describe					\$
	<b>N</b> -		dablaa · ·				Ψ
			n <b>ishings, and sup</b> r d computers, software		iers, fax machines. rugs. teleph	ones, desks, chairs, electronic devices	
	⊒ No				,	, ,	
Ţ	☐ Yes	. Describe					\$
							·

Official Form 106A/B Schedule A/B: Property page 8

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Debtor 1	Trisha	Ann	Viser	Case number (if known)	
	First Name	Middle Name Last Name		• *************************************	
40 <b>M</b> achin	oru fivturos s	quipment, supplies you use	in husiness, and tools of	i vour trade	
	iery, lixtures, e	daibinair, sabbias Jou ase	ni pusitess, and tools of	your dads	
□ No	s. Describe				
☐ Tes	s. Describe				\$
41. Invento					
	s. Describe				\$
42. Interes	ts in partnersh	lps or joint ventures			
☐ No	-				
☐ Yes	s. Describe	Name of entity:		% of ownership:	
				%	\$
				%	\$
				%	\$
43. Custon		ng lists, or other compilations	8		
		include personally identifiat	ole information (as define	d in 11 U.S.C. § 101(41A))?	
	□ No	•	•	- ,	
	Yes. Desc	xibe			•
					\$
44 Any bu	selnace_ralatari	property you did not already	, list		
□ No		property you are not enoug			
	s. Give specific				\$
info	ormation				\$
					\$
					\$
					\$
					\$
45. Add th	e dollar value	of all of your entries from Pa	rt 5, including any entrie	s for pages you have attached	<b>.</b>
for Pa	rt 5. Write that	number here			•
	l				•
Part 6:		ny <b>rarm- and Commercia</b> r have an interest in farmiand		perty You Own or Have an Interest	ın.
		ny legal or equitable interes	t in any farm- or comme	rclal fishing-related property?	
	. Go to Part 7. s. Go to line 47.				
₩ TE	S. GU IU IIIRE 47.				Current value of the
					portion you own?
					Do not deduct secured claims or exemptions.
47. <b>Farm</b> 4	animals				о влатриона.
		poultry, farm-raised fish			
☐ No	)				
☐ Ye	s				

Official Form 106A/B Schedule A/B: Property page 9

Case 18-50677-btb Doc 1 Entered 06/25/18 09:29:30 Page 19 of 51 Viser Trisha Case number (# known) Debtor 1 48. Crops-either growing or harvested ☐ No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, Including any entries for pages you have attached for Part 6. Write that number here ...... Part 7: Describe Ali Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☑ No ☐ Yes. Give specific information..... 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here ....... Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 1,100.00 57. Part 3: Total personal and household items, line 15 0.00 58. Part 4: Total financial assets, ilne 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 1,100.00 Copy personal property total > +s 1,100.00 62. Total personal property. Add lines 56 through 61. .....

Official Form 106A/B Schedule A/B: Property page 10

63. Total of all property on Schedule A/B. Add line 55 + line 62.

1,100.00

Fill in this infor	nation to identify your case:			
Debtor 1 Tri	sha Ann	Viser		
Firs	t Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) Firs	Name Middle Name	Last Name		
United States Bank	truptcy Court for the: District of Ne	vada		
Case number(If known)				Check if this is an amended filing
Official Fo	rm 106C			
		perty You	Claim as Exempt	04/16
Using the property space is needed,	you listed on Schedule A/B: Pi	roperty (Official Form 106/	gether, both are equally responsible for si A/B) as your source, list the property that y additional Page as necessary. On the top of	you claim as exempt. If more
specific dollar ar of any applicable retirement funds limits the exemp	nount as exempt. Alternativel statutory limit. Some exemp —may be unilmited in dollar a	y, you may claim the full tions—such as those for amount. However, if you ount and the value of the	amount of the exemption you claim. On i fair market value of the property being r health aids, rights to receive certain b claim an exemption of 100% of fair ma property is determined to exceed that	g exempted up to the amount enefits, and tax-exempt rket value under a law that
Part 1: ider	tify the Property You Clai	m as Exempt		
☑ You are o	exemptions are you claiming claiming state and federal nonbactaiming federal exemptions. 11 perty you list on Schedule A/E	ankruptcy exemptions. 11 U.S.C. § 522(b)(2)	* *	
	ption of the property and line of that lists this property	n Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief	household furniture	\$ 500	<b>☑</b> \$ 500.00	
description: Line from Schedule A/	B: <u>6</u>		100% of fair market value, up to any applicable statutory limit	
Brief		<b>.</b> \$	□s	
description: Line from Schedule A/	B:	· · · · · · · · · · · · · · · · · · ·	100% of fair market value, up to any applicable statutory limit	
Brief		. <b>\$</b>	□s	
description: Line from Schedule A/	B:	-	100% of fair market value, up to any applicable statutory limit	
-	ming a homestead exemption		o es filed on or after the date of adjustment.	
☑ No		•	es nied on or after the date of adjustment.	1
No	you acquire the property cover	a by the exemption within	1,210 days before you med this case?	

Trisha Ann Viser

Case number (if known)\_\_\_\_\_

Part 2:

#### **Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b></b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b></b>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	s	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	

	nformation to identify you	ur case:					
Debtor 1	Trisha First Name	Ann Middle Name	Viser Last Name				
Debtor 2 (Spouse, if filing)		Middle Name	Last Name				
•	Bankruptcy Court for the: Dis						
Case number (If known)						☐ Check	f this is an
						amende	ed filing
Official	Form 106D						
Sched	lule D: Credi	tors Who	<b>Have Claims</b>	Secure	d by Prop	erty	12/15
nformation additional p . Do any cr	. If more space is needed ages, write your name a reditors have claims sec	d, copy the Addition and case number (if turned by your properties form to the court		er the entries, a	and attach it to this	form. On the top of	t any
List all se	Ist All Secured Claims cured claims. If a credito	s r has more than one	secured claim, list the credit	ors in Part 2.	Column A Amount of claim Do not deduct the	Column B Value of collateral that supports this	Column C Unsecure portion
	as possible, list the claims	in alphabetical orde	r according to the creditor's	s name.	value of collateral.  5,000.00	claim	If any 0.0
	cceptance	<del></del>	e property that secures the	e claim:	\$ 3,000.00	\$	\$
P.O. Bo		2003 GMC	Yukon				
Number	Street	As of the da	nte you file, the claim is: Cl	neck all that apply.			
		Continge	ent				
Orange City	State ZIP C	856 Unliquide					
Who owes	the debt? Check one.	•	en. Check all that apply.				
Debtor 1	1 only	☑ An agree	ement you made (such as mor	tgage or secured			
Debtor 2	2 only	car loan)					
Debtor 1	1 and Debtor 2 only		ilen (such as tax lien, mechai	nic's lien)			
At least	one of the debtors and anothe	GI	nt lien from a lawsuit				
☐ Check	if this claim relates to a	U Other (in	cluding a right to offset)		_		
commi	mity deht						
Date debt v	was incurred 10/29/201	Last 4 digit	s of account number				
2.2			e property that secures th	e claim:	\$	\$	.\$
Creditor's N	ame						
Number	Street						
			ate you file, the claim is: C	heck all that apply.	•		
	12.00.00	Continge					
	State ZIP	Code Unliquid					
City		C Disputed					
City		Nature of II	en. Check all that apply.				
Who owes				toage or secured			
Who owes	1 only		ement you made (such as mor	-80			
Who owes  Debtor	1 only 2 only	car loan	)				
Who owes  Debtor  Debtor	1 only 2 only 1 and Debtor 2 only	car loan	) y lien (such as tax lien, mecha				
Who owes  Debtor  Debtor	1 only 2 only	car loan  Statutor  Judgme	) y lien (such as tax lien, mecha nt lien from a lawsuit	nic's lien)			
Who owes Debtor Debtor Debtor At least	1 only 2 only 1 and Debtor 2 only	car loan  Statutor  Judgme	) y lien (such as tax lien, mecha	nic's lien)	_		

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Debtor 1 Trisha	Ann	Viser	Case nun	nber (if known)		
Additional Page Part 1: After listing any entries on by 2.4, and so forth.	Lest Name	per them beginning with 2.	3, foilowed	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe	the property that secures th	e claim:	\$	<u> </u>	\$
Creditor's Name						
Number Street						
		date you file, the claim is: C	heck all that apply.			
City State ZIP Co	ode Contin	idated				
Who owes the debt? Check one.	•	lien. Check all that apply.				
Debtor 1 only		reement you made (such as mor	tgage or secured			
Debtor 2 only	car los	•	nialo lina)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another		ory lien (such as tax lien, mecha: nent lien from a lawsuit	nic s lien)			
At least one of the deprors and another		(including a right to offset)		_		
Check if this claim relates to a community debt				_		
Date debt was incurred	_ Last 4 diç	gits of account number				
	Describe	the property that secures th	e claim:	<b>s</b>	<u> \$</u>	\$
Creditor's Name	<del></del>					
Number Street	<del></del>					
, , , , , , , , , , , , , , , , , , ,	As of the	date you file, the claim is: C	heck all that apply.			
	Contin	ngent				
	Unliqu	idated				
City State ZIP Co	ode 🔲 Disput	ted				
Who owes the debt? Check one.	Nature of	lien. Check all that apply.				
Debtor 1 only	_	reement you made (such as mor	tgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car los	an) ory lien (such as tax lien, mecha	nio'a lian)			
At least one of the debtors and another		nent lien from a lawsuit	inc s nerry			
Check if this claim relates to a community debt	-	(including a right to offset)				
Date debt was incurred	_ Last 4 diç	gits of account number				
				_	_	_
Creditor's Name	Describe	the property that secures th	e ciaim:	3	_ \$	.\$
Number Street						
	As of the	date you file, the claim is: C	heck all that apply			
	☐ Contir					
City State ZIP Co						
	Dispu	ted				
Who owes the debt? Check one.		filen. Check all that apply.				
Debtor 1 only Debtor 2 only	An ag carlo	reement you made (such as moi	tgage or secured			
Debtor 1 and Debtor 2 only	_	cory lien (such as tax lien, mecha	nic's lien)			
At least one of the debtors and another		nent lien from a lawsuit				
Check if this claim relates to a community debt	<b>∟</b> l Other	(including a right to offset)				
Date debt was incurred	_ Last 4 die	gits of account number				
Add the deller value of	entrice in Col	un A on this name White the	t number bees			
Add the dollar value of your e				<u>\$</u>	=	
if this is the last page of your Write that number here:	form, add the d	oliar value totals from all	pages.	s		

 $_{page}$   $\beta$  of  $\beta$ 

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Debtor	1	Trisha First Name	Ann Middle Name	Last Name	Viser	Case number (if Imown)
Par	t 2:				That You Aiready	v Lietad
Use age: you	this pa ncy is tr have m	ge only if you h rying to collect ore than one c	ave others to be from you for a de	notified about bt you owe to the debts that	t your bankruptcy for someone else, list the you listed in Part 1,	a debt that you already listed in Part 1. For example, if a collection ne creditor in Part 1, and then list the collection agency here. Similarly, i list the additional creditors here. If you do not have additional persons t
						On which line in Part 1 did you enter the creditor?
i	Name					Last 4 digits of account number
Ī	Number	Street				_
	City			State	ZIP Code	
						On which line in Part 1 did you enter the creditor?
LJ i	Name		<del></del>			Last 4 digits of account number
i	Number	Street	·			_
		·	· · · · · · · · · · · · · · · · · · ·			_
, ,	City			State	ZIP Code	_
$\bigsqcup_{_{_{1}}}$		W-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				On which line in Part 1 did you enter the creditor?
l	Name					Last 4 digits of account number
i	Number	Street				_
						_
-	City			State	ZIP Code	_
	on,			Oldio	211 0000	Occability Proc to Board All to control of the control of
LJ ;	Name					On which line in Part 1 did you enter the creditor?  Last 4 digits of account number 5 7 8 1
•						Last 4 digits of account fidings
i	Number	Street	·		- De Maderia - Ad Auto-Auto-Manda	-
-	City			State	ZIP Code	
	,			Cidio	2.11 0000	On which line in Port 4 did you and a the condition
└┘ ì	Vame			· · · · · · · · · · · · · · · · · · ·		On which line in Part 1 did you enter the creditor?  Last 4 digits of account number
ī	Vumber	Street		· · · · · · · · · · · · · · · · · · ·		<del>-</del>
-	City			State	ZIP Code	<del>-</del> -
						On which line in Part 1 did you enter the creditor?
لــا i	Vame				·	Last 4 digits of account number
ī	Vumber	Street	·		•	_
-						_
ē	City		·	State	ZIP Code	

F	fill in this information to identify your case:						
	Thisha Ann		Visor				
	Debtor 1 First Name Middle Name		Last Name	_			
	Debtor 2 Spouse, if filing) First Name Middle Name		Last Name	_			
U	Inited States Bankruptcy Court for the:	District of	Nevada			<b>-</b>	
	Case number		<u> </u>				ck if this is an nded filing
_	fficial Form 1065/5						
	fficial Form 106E/F chedule E/F: Creditors	Wh	. Hava Unac	soured Claim			
					·		12/15
Lis A/E cre ned any	as complete and accurate as possible. Use to the other party to any executory contracts B: Property (Official Form 106A/B) and on So delitors with partially secured claims that are eded, copy the Part you need, fill it out, num y additional pages, write your name and case art ti:	or unexp hedule (d ilsted in ber the e numbe	bired leases that could in a court of the co	resuit in a claim. Also ils and Unexpired Leases (i Who Have Claims Secur	st executory co Official Form 1 ed by Property	ontracts on S 06G). Do not t. If more space	c <i>hedule</i> include any ce is
	Do any creditors have priority unsecured ci					······································	
	No. Go to Part 2.						
2	Yes. List all of your priority unsecured claims. If	a credito	r has more than one prio	rity unsecured claim list th	ne creditor cens	rately for each	adaim For
<b>4</b> .	each claim listed, identify what type of claim it in nonpriority amounts. As much as possible, list unsecured claims, fill out the Continuation Pag (For an explanation of each type of claim, see	s. If a cla the claim e of Part	ilm has both priority and r s in alphabetical order ac 1. If more than one credit	nonpriority amounts, list the cording to the creditor's nator holds a particular claim	at claim here ar ame. If you hav	nd show both period in the more than to	priority and vo priority
	( or an experiment of each type of elam, eee			modulon bookiet.)	Total claim	Priority	Nonpriority
2.1	]					amount	amount
	Priority Creditor's Name	La	st 4 digits of account nu	mber	\$	_ \$	_ \$
	Number Street	W	hen was the debt incurre	d?			
	- Caronia	As	of the date you file, the	claim is: Check all that apply			
			Contingent				
	City State ZIP Code	-	Unliquidated				
	Who incurred the debt? Check one.		Disputed				
	Debtor 1 only						
	Debtor 2 only	Ту	pe of PRIORITY unsecu	ıred claim:			
	Debtor 1 and Debtor 2 only  At least one of the debtors and another		Domestic support obligation				
			Taxes and certain other de	bts you owe the government			
	☐ Check if this claim is for a community del	* 🗆	Claims for death or person	al injury while you were			
	Is the claim subject to offset?		Intoxicated				
	□ No		Other. Specify				
	_ ☐ Yes						
2.2		La	st 4 digits of account nu	mber	s	s	s
	Priority Creditor's Name		hen was the debt incurre		· · · · · · · · · · · · · · · · · · ·		
	Number Street	 As	of the date you file, the	claim is: Check all that apply	<b>.</b>		
	and the second days the second		Contingent				
	City State ZIP Code		Unliquidated				
	Who incurred the debt? Check one.		Disputed				
	Debtor 1 only	_	- A BRIADITA				
	Debtor 2 only		pe of PRIORITY unsecu				
	Debtor 1 and Debtor 2 only		Domestic support obligatio				
	At least one of the debtors and another			bts you owe the government			
	$oldsymbol{\square}$ Check if this claim is for a community del	ot 🗓	Claims for death or person intoxicated	al injury while you were			
	Is the claim subject to offset?		Other. Specify				
	☐ Yes						

Circl Name Middle Name	Last Name		
Trisha Ann Y	15er	Case number (# known)_	
Case 18-50677	btb Doc 1	Entered 06/25/18 09:29:30	Page 26 of 51

er listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriorit amount
	Last 4 digits of account number	\$	<b>\$</b>	\$
Priority Creditor's Name	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
City State ZIP Code	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated  Other. Specify			
Is the claim subject to offset?				
□ No				
☐ Yes				
	Last 4 digits of account number	\$	_ <b>s</b>	_ <b>s</b>
Priority Creditor's Name	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	As of the date you rise, the claim is: Check all that apply.  Contingent			
City State ZIP Code	Unliquidated			
City State 211 5555	Disputed			
Who Incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
Is the claim subject to offset?	Other. Specify			
□ No				
Yes				
Priority Creditor's Name	Last 4 digits of account number	\$	<u> </u>	<u> </u>
	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply			
	☐ Contingent			
City State ZIP Code	Unliquidated Disouted			
Who incurred the debt? Check one.	en Nobriga			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations  Taxes and certain other debts you owe the government			
At least one of the debtors and another	☐ Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated  Other. Specify			
Is the claim subject to offset?	G Outer. Specify			
□ No				
Yes				

First Name	Middle Name	Last Name			•		
Trish	a Han	YISEY		Ci	ase number (if known)		
C	ase 10-500	r r zutu i	DOCT EIII	ereu 00/25/10	09.29.30	Paye 21 01 51	

Par	t 2: Your NONPRIORITY Uns	ocured Cl	aims — Contin	uation Page	
Afte	r listing any entries on this page, n	umber the	m beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
	Ad Astra Recovery Service			Last 4 digits of account number 1 2 5 0	<b>s</b> 1300.00
	Nonpriority Creditor's Name 7330 W 33rd St Nste 118			When was the debt incurred? 4/16/2016	
	Number Street Wichita	KS	67205	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only			☐ Disputed  Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	☐ At least one of the debtors and anothe☐ Check if this claim is for a comm			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?  Solve No  Yes	unity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Rapid Cash Credit	
	Ad Astra Recovery Service			Last 4 digits of account number 2 4 5	\$500.00
	Nonpriority Creditor's Name 7330 W 33rd St Nste 118			When was the debt incurred? 4/16/2016	
	Number Street Wichita	KS	67205	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.  Debtor 1 only			☐ Unliquidated ☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	☐ At least one of the debtors and another☐ Check if this claim is for a comm			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Rapid Cash Credit	
	Mo □ Yes				
	Adda Davis O			Last 4 digits of account number 8 2 4 5	\$200.00
	Ad Astra Recovery Service Nonpriority Creditor's Name		······································	_	
	7330 W 33rd St Nste 118			When was the debt incurred? 9/5/2014	

Nonpriority Creditor's Name			
7330 W 33rd St Nste 118			
Number Street			
Wichita	KS	67205	
City	State	ZIP Code	
Who incurred the debt? Check one.			
Debtor 1 only			

- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- lacksquare Check if this claim is for a community debt
- is the claim subject to offset?
- M No
- ☐ Yes

	Disputed
Туқ	pe of NONPRIORITY unsecured claim:

As of the date you file, the claim is: Check all that apply.

☐ Student loans

☐ Contingent ☐ Unliquidated

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
  Debts to pension or profit-sharing plans, and other similar debts
  Other. Specify Rapid Cash Credit

Debto	Case 18-5067	7-btb V 159	Doc 1 Ent	ered 06/25/18 09:29:3 	•	<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>
Pari	2: List Ali of Your NONPRIOR	RITY Uns	ecured Claims				
[	o any creditors have nonpriority una No. You have nothing to report in thi Yes st all of your nonpriority unsecured	s part. Sub	mit this form to the	court with your other schedules.	ach claim if a creditor has	more than	n one
n ir	onpriority unsecured claim, list the credictuded in Part 1. If more than one crediaims fill out the Continuation Page of F	litor separa litor holds a	itely for each claim	. For each claim listed, identify wha	at type of claim it is. Do not	list claims npriority un	already nsecured
4.1	AMCOL Systems Inc			Last 4 digits of account number	8 2 3 8	Total cla	aim 300.00
	Nonpriority Creditor's Name P.O. Box 21625		1177	<u> </u>	11/20/2017	\$	300.00
	Number Street Columbia	sc	29221-1625				
	City	State	ZiP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only			☐ Contingent☐ Unliquidated☐ Disputed☐			
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecu	red Claim:		
	Check if this claim is for a commu	nity debt		Obligations arising out of a separ that you did not report as priority			
	Is the claim subject to offset? ☑ No ☑ Yes			Debts to pension or profit-sharing  Other. Specify Renown Med	plans, and other similar debts		
4.2	B & P Collection Services Nonpriority Creditor's Name		· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number When was the debt incurred?	0 5 0 4 6/20/2013	\$	200.00
	816 S Center Street Number Street Reno	NV	89501-2306	As of the date you file, the claim	is: Check all that apoly.		
	City	State	ZIP Code	☐ Contingent	,,,		
	Who incurred the debt? Check one.  Debtor 1 only			☐ Unliquidated☐ Disputed			
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ıred ciaim:		
	At least one of the debtors and another			Student loans			
	Check if this claim is for a commu	nity debt		Obligations arising out of a separ that you did not report as priority			
	is the claim subject to offset?  ☑ No ☐ Yes			Debts to pension or profit-sharing  Other. Specify Associated A			
4.3	B & P Collection Service			Last 4 digits of account number	2 1 0 5		200.00
	Nonpriority Creditor's Name 816 S. Center Street			When was the debt incurred?	8/12/2015	\$	200.00
	Number Street						
	Reno	NV State	89501-2306 ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one.			Contingent			
	Debtor 1 only			☐ Unliquidated☐ Disputed			
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ared claim:		
	At least one of the debtors and another			Student loans	nou cignii.		
	Check if this claim is for a commu	nity debt		Obligations arising out of a separ			
	Is the claim subject to offset?			that you did not report as priority  Debts to pension or profit-sharing			
	No Di vos			Other. Specify Associated			

☑ No Yes Dahtor 1

Part 2:

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Your NONPRIORITY	<b>Unsecured Claims</b>	- Continuation Page

Afte	er listing an	ny entries on this page, nu	ımber ther	n beginning with 4.	4, followed by 4.5, and so forth.	To	tal claim
		ollection Service			Last 4 digits of account number $2 983$	<b>\$_</b>	500.00
	816 S C	reditor's Name enter Street			When was the debt incurred? $\frac{1/10/2017}{}$		
	Number Reno	Street	NV	89501-2306	As of the date you file, the claim is: Check all that apply.		
	City		State	ZIP Code	☐ Contingent		
	·	rred the debt? Check one.			Unliquidated Disputed		
	Debtor :				Type of NONPRIORITY unsecured claim:		
		1 and Debtor 2 only			Student loans		
	At least	one of the debtors and another	•		Obligations arising out of a separation agreement or divorce that		
		if this claim is for a commu m subject to offset?	inity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Reno Radiological Associates		
	M No ☐ Yes				— Outer specify		
			<u>-</u>		Last 4 digits of account number	\$	
	Nonpriority C	reditor's Name			When was the debt incurred?		
	Number	Street			As of the date you file, the claim is: Check all that apply.		
	City		State	ZIP Code	Contingent		
	Who incu	rred the debt? Check one.			Unliquidated		
	Debtor				☐ Disputed		
	Debtor:	•			Type of NONPRIORITY unsecured claim:		
		1 and Debtor 2 only			☐ Student loans		
	At least	one of the debtors and another	r		Obligations arising out of a separation agreement or divorce that		
	☐ Check	if this claim is for a commu	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim	m subject to offset?			Other. Specify		
	☐ No ☐ Yes						
					Last 4 digits of account number	\$	
	Nonpriority C	reditor's Name			When was the debt incurred?		
	Number	Street			As of the date you file, the claim is: Check all that apply.		
	City		State	ZIP Code	☐ Contingent		
	Who incom	rred the debt? Check one.			Unliquidated		
	Debtor				☐ Disputed		
	Debtor:	•			Type of NONPRIORITY unsecured claim:		
		1 and Debtor 2 only			<u></u>		
		one of the debtors and anothe	r		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that		
	☐ Check	if this claim is for a commu	nity debt		you did not report as priority claims		
		m subject to offset?			<ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>		
	□ No	in adaptor to anactr			Univer. Specify		
	U No □ Yes						

1 Trisha First Name	Case 18-5	Ann Last Name	Viser	tered 06/25/18 09:29:3 	•		
2: List Ali d	of Your NONPI	RIORITY Uns	ecured Claims				
	nothing to report	in this part. Sut	omit this form to the	court with your other schedules.			
inpriority unsect cluded in Part 1.	ared claim, list the	e creditor separa e creditor holds	ately for each claim.	For each claim listed, identify wha	it type of claim it is. Do not	list claims a npriority uns	iready ecured
-ACHILC (	NO Beaurage	t Capital San	vices		7 4 3 5		
		Capital Sei	VICES			s1,	100.0
				When was the debt incurred?	1/20/2015		
	•	SC	29603				
		State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
				☐ Contingent			
Who incurred th	e debt? Check on	<b>e</b> .		Unliquidated			
Debtor 1 only				☐ Disputed			
Debtor 2 only							
Debtor 1 and I	Debtor 2 only			Type of NONPRIORITY unsecu	red claim:		
At least one of	the debtors and an	nother		Student loans			
Check if this	claim is for a co	mmunity debt					
is the claim sub	ject to offset?			Debts to pension or profit-sharing	plans, and other similar debts	<b>;</b>	
				Other. Specify Capital One	Bank USA		
U Yes							
CMDE Einen	cial			Last A digits of account number	4 0 7 7	s	250.0
				_	3/14/2017		
		200					
· · · · · · · · · · · · · · · · · · ·		200					
Brea		CA	92821	As of the date you file, the claim	is: Check all that apply.		
City		State	ZIP Code	☐ Contingent			
Who incurred th	ne debt? Check on	e.		Unliquidated			
_				☐ Disputed			
	Debtor 2 only			Type of NONPRIORITY unsecu	ired claim:		
		nother		Student loans			
Check if this	claim is for a co	mmunity debt		that you did not report as priority	claims		
ls the claim sub	ject to offset?					3	
₩ No				Other. Specify Sali IL Ividity S	INICUICAI		
Yes							
	y of Novada			l and A diales of second supplies	1 0 2 5		050
Callection S.	v in richally			Last 4 digits of account number	1 0 2 6		650.0
Collection Sr Nonpriority Creditor's					9/1//2017	<b>ə</b>	
Nonpriority Creditor's	Name			When was the debt incurred?	8/14/2017	<b>&gt;</b>	
	Name Street			When was the debt incurred?	8/14/2017	<b>&gt;</b>	
	any creditors No. You have Yes st all of your not on priority unsected and in Part 1. aims fill out the Compriority Creditor's P.O. Box 126 Number Street Greenville, City Who incurred the Compriority Creditor's P.O. Box 126 Number Street Greenville, City Who incurred the Compriority Creditor's P.O. Box 126 Number Street Greenville, City Who incurred the Compriority Creditor's P.O. Box 126 Check if this is the claim subport of the Compriority Creditor's P.O. Box 126 Compriority Creditor's P.O. Box 126 Comprise C	List All of Your NONP  any creditors have nonpriorit  No. You have nothing to report Yes  st all of your nonpriority unsecured claim, list the cluded in Part 1. If more than one aims fill out the Continuation Pag  CACH LLC, C/O Resurgen Nonpriority Creditor's Name P.O. Box 1269  Number Streel Greenville, City  Who incurred the debt? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar Check if this claim is for a co is the claim subject to offset?  No Yes  CMRE Financial Nonpriority Creditor's Name 3075 E. Imperial Hwy Ste 2  Number Street Brea  City  Who incurred the debt? Check on Debtor 1 only Debtor 2 only  At least one of the debtors and ar  Check if this claim is for a co is the claim subject to offset?  At least one of the debtors and ar  Check if this claim is for a co the claim subject to offset?	List All of Your NONPRIORITY Unso any creditors have nonpriority unsecured claims. No. You have nothing to report in this part. Subtered to the creditor separate to the creditor separate to the continuation page of Part 2.  CACH LLC, C/O Resurgent Capital Service Street Street Street Street Service Service Street Service Street Service Se	List All of Your NONPRIORITY Unsecured Claims on any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the least all of your nonpriority unsecured claims in the alphabetical or onpriority unsecured claim, list the creditor separately for each claim. It is all of your nonpriority unsecured claim, list the creditor separately for each claim. It is all of your nonpriority unsecured claims in the alphabetical or cluded in Part 1. If more than one creditor holds a particular claim, list aims fill out the Continuation Page of Part 2.  CACH LLC, C/O Resurgent Capital Services Nonpriority creditor's Name P.O. Box 1269 Number Street Greenville, SC 29603 City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Number Street Brea CA 92821 City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Let the claim subject to offset?	List All of Your NONPRIORITY Unsecured Claims  part creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes  at all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds at all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds at all of your nonpriority unsecured claims. In the other creditor who holds at all of your nonpriority unsecured claims, list the order creditor who holds at all of your nonpriority unsecured claims. For each claim listed, identify who cluded in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you aims fill out the Continuation Page of Part 2.  CACH LLC, C/O Resurgent Capital Services  Last 4 digits of account number.  When was the debt incurred?  When was the debt incurred?  When was the debt incurred?  As of the date you file, the claim in the alphabetical order of the debt incurred?  Type of NONPRIORITY unsecured?  Incurred the debt incurred?  Student loans  Obligations arising out of a spear that you did not report as priority lebts to pension or profits-haring of the debt incurred?  Check if this claim is for a community debt  It is the claim subject to offset?  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured?  Check if this claim is for a community debt  It the claim subject to offset?	List All of Your NONPRIORITY Unsecured Claims  a my creditors have nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  If a creditor have nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has appriority unsecured claim, list the creditor separately for each claim, list for each claim, list the other creditor should be particular claim, list the other creditors in Part 3.If you have more than three no aims fill out the Continuation Page of Part 2.  CACH LLC, C/O Resurgent Capital Services  Last 4 digits of account number 7 4 3 5  When was the debt incurred?  When was the debt incurred?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Unliquidated  Unliquidated  Check if this claim is for a community debt  Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Check if this claim is for a community debt  Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Check if this claim is for a community debt  Is the claim is for a community debt  Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Debtor 2 only  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debtor 2 only  Debtor 2 only  Debtor 2 only  Debtor 2 only  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  Uniquidated  Disputed  As of the date you file, the claim is: Check all that apply.  Contingent  As of the date you fil	Last All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes  at all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than impriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims a clauded in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.if you have more than three nonpriority unsums lill out the Continuation Page of Part 2.  Total claim activated in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.if you have more than three nonpriority unsums lill out the Continuation Page of Part 2.  Total claim activated in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.if you have more than three nonpriority unsums lill out the Continuation Page of Part 2.  Total claim activate of the claim short Name  CACH LLC, C/O Resurgent Capital Services  Last 4 digits of account number 7 4 3 5 1.  When was the debt incurred?  When was the debt incurred?  Last 4 digits of account number 1/20/2015  When was the debt incurred claim:  Student loans  Other, Specity Capital One Barrk USA  Type of NONPRIORITY unsecured claim:  Last 4 digits of account number 4 0 7 7 3.  As of the date you file, the claim is: Check all that apply.  Contingent  Under Street  Nonpriority insecured claim:  Contingent  Under Street  CA 92821  City Sue 2P Code  Contingent  Under Street  Check if this claim is for a community debt  Is the claim subject to offset?  Contingent  Under Street  Check if this claim is for a community debt  Is the claim subject to offset?  Contingent  Contingent

Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Alpine Womens Health

☐ Contingent

☐ Unliquidated

**☑** No

☐ Yes

City

Debtor 1 only

Debtor 2 only

Who incurred the debt? Check one.

At least one of the debtors and another

☐ Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

is the claim subject to offset?

Debtor 1

Part 2:

List Ail of Your NONPRIORITY Unsecured Claims

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

3. Do any creditors have nonpriority unsecured claims against you?

	<b>₩</b> Yes									
į	List all of your nonpriority unsecured nonpriority unsecured claim, list the cred included in Part 1. If more than one cred claims fill out the Continuation Page of F	ditor separa ditor holds a	itely for each claim	. For each claim listed, identify who	at type o	f claim	it is. Do not	list clain	ns already	
								Total	claim	
.1	Collection Service of Nevada			Last 4 digits of account number	2 0	5	1	_	1,300.00	
	Nonpriority Creditor's Name			When was the debt incurred?	5/11/2	015		\$	1,000.00	
	777 Forest Street			Wildli was use debt likulieur			•			
	Number Street Reno	NV	89509-1711							
	City	State	ZIP Code	As of the date you file, the claim	is: Chec	k all the	it apply.			
				Contingent						
	Who incurred the debt? Check one.			Unliquidated						
	Debtor 1 only			☐ Disputed						
	Debtor 2 only									
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecu	ured cla	im:						
	At least one of the debtors and another	Student loans								
	Check if this claim is for a commun	Obligations arising out of a separathet you did not report as priority		eement	or divorce					
	is the claim subject to offset?	Debts to pension or profit-sharing		nd othe	r similar debts					
	☑ No			Other. Specify Wild About S	Smiles					
	Yes									
1.2	Collection Service of Nevada			Last 4 digits of account number	2 1	l 6	1	\$	250.00	
	Nonpriority Creditor's Name			When was the debt incurred?	7/2/20	15		-		
	777 Forest Street									
	Number Street									
	Reno	NV	89509-1711	As of the date you file, the claim	is: Chec	x all tha	it apply.			
	City	State	ZIP Code	Contingent						
	Who incurred the debt? Check one.			Unliquidated						
	Debtor 1 only			☐ Disputed						
	Debtor 2 only			Type of NONPRIORITY unsecured claim:						
	Debtor 1 and Debtor 2 only									
	At least one of the debtors and another			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce						
	Check if this claim is for a commu	nity debt		that you did not report as priority claims						
	Is the claim subject to offset?			Debts to pension or profit-sharing			r similar debts			
	☑ No			Other. Specify Western Sur	rgical G	roup				
	☐ Yes									
l.3	Collection Service of Nevada			Last 4 digits of account number	. 2 :	2 3	1		1 700 0	
	Nonpriority Creditor's Name		<del></del>	When was the debt incurred?	10/4/2		<del>-</del> -	\$	1,700.0	
	777 Forest Street			When was the dept incurred?		<del> </del>	•			
	Number Street	NIV/	90500 1711							
	Reno	NV State	89509-1711 ZIP Code	As of the date you file, the claim	is: Chec	k all the	nt apply.			
	•		2 5511	☐ Contingent						
	Who incurred the debt? Check one.			Unliquidated						
	Debtor 1 only			☐ Disputed						
	Debtor 2 only Debtor 1 and Debtor 2 only				_	_				
	At least one of the debtors and another			Type of NONPRIORITY unsecu	ured cla	im:				
	_			Student loans						
	Check if this claim is for a commu	nity debt		Obligations arising out of a separathet you did not report as priority		reement	or divorce			
	Is the claim subject to offset?			Debts to pension or profit-sharing		ind othe	r similar debts			
	No No			Other. Specify Meadowood						
	Yes									

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Ŧ	First Name	Miridle Name	Last Name	<del></del>	
ી	115	ha Hnn	Viser	Case number (if known)	
<b>-</b>				Entered 06/25/18 09:29:30	Page 32 01 51

Afte	or listing any entries on this page, nu	mber the	m beginning with 4	4.4, followed by 4.5, and so forth.	Total claim
				Last 4 digits of account number	•
	Nonpriority Creditor's Name			When was the debt incurred?	Ψ
	Number Street			As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	☐ At least one of the debtors and another☐ Check if this claim is for a commu			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Is the claim subject to offset?	inty ueot		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	□ No			Guer. Specify	
	☐ Yes				
				Last 4 digits of account number 6 0 1 2	<b>s</b> 150.00
	Credit Collection Service Nonpriority Creditor's Name				\$
	P.O. Box 607		·	When was the debt incurred? 2/4/2016	
	Number Street Norwood	MA	02062	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
				☐ Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			Student loans	
				Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Progressive Insurance	
	M No				
	Yes				
				7.0.0.4	s 1,300.00
	Enhanced Recovery Company Nonpriority Creditor's Name			Last 4 digits of account number 7 3 6 1	
	P.O. Box 57547			When was the debt incurred? 5/23/2017	
	Number Street  Jacksonvillel	FL	32241	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.			Unliquidated	
	_			☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only				
	At least one of the debtors and another			Student loans	
	☐ Check if this claim is for a commun	nity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Is the claim subject to offset?	•		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Sprint	
	₩ No				
	☐ Yes				

Dobtor	4	

	Case	18-50677	7-btb Doo	1	Entered 06/25/18 09:29:30	Page 33 of 51
Iris	sha	Hnn	VISer		Entered 06/25/18 09:29:30  Case number (# known)	-

Part 2:	List A	II of Your	NONPRIOR	RITY Unsecur	ed Claim

3. Do any creditors have nonpriority unsecured claims against you?

	☐ No. You have nothing to report in th ☐ Yes	is part. Sub	mit this form to the	court with your other schedules.		
	nonpriority unsecured claim, list the cred	ditor separa ditor holds a	tely for each claim	order of the creditor who holds each claim. If a creditor has . For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no	list claims	already
	1				Total cl	aim
4.1	Credit One Bank	· · · · · · · · · · · · · · · · · · ·		Last 4 digits of account number $0 6 2 1$		900.00
	Nonpriority Creditor's Name			When was the debt incurred? 8/2/2012	\$	
	P.O. Box 98872  Number Street					
	Las Vegas	NV	89193-8872			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
				☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only  At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
	At least one of the deptors and another			Student loans		
	☐ Check if this claim is for a commu	nity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	<b>i</b>	
	☑ No			Other. Specify Credit Card		
	Yes					
4.2	Contnental Finance Company			Last 4 digits of account number 5 2 4 8	s	600.00
	Nonpriority Creditor's Name			When was the debt incurred? 8/3/2012	<b>-</b>	·····
	4550 New Linden Hill Rdstate 4	100				
	Number Street					
	Wilmington,	DE	19808	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only  At least one of the debtors and another			Student loans		
				Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a commu	nity debt		that you did not report as priority claims		
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	☑ No			Other. Specify Credit Card		
	Yes					
4.3	First Premier Bank			Last 4 digits of account number 7 2 3 3		500.00
	Nonpriority Creditor's Name			When was the debt incurred? 1/5/2013	\$	300.00
	3820 N Louise Ave					
	Number Street Sioux Falls,	SD	57107			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent		
	Debtor 1 only			Unliquidated		
	Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another					
	☐ Check if this claim is for a commun	nity debt		Student loans Obligations arising out of a separation agreement or divorce		
	is the claim subject to offset?	-		that you did not report as priority claims		
	Mo			Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes			Other. Specify Credit Card		

Dahter	4	

10	isha 1777	riser	Case number (if known)_	
_	Case, 18-506	77-btb Doc 1	Entered 06/25/18 09:29:30  Case number (# known)	Page 34 of 51

Part 2: Li	st Ali of You	ır NONPRIORIT'	/ Unsecured Claim:

3. Do any creditors have nonpriority unsecured claims against you?

	<ul><li>No. You have nothing to report in this part. ☐</li><li>Yes</li></ul>	Submit this form to the	court with your other schedules.			
	List all of your nonpriority unsecured claims nonpriority unsecured claim, list the creditor sel included in Part 1. If more than one creditor hol claims fill out the Continuation Page of Part 2.	parately for each claim	. For each claim listed, identify wh	at type of claim it is. Do not	list claims already	
					Total claim	
4.1	Hospital Collection Services		Last 4 digits of account number	1 2 4 3	s 250.00	)
	Nonpriority Creditor's Name P.O. Box 872		When was the debt incurred?	7/6/2015	V	_
	Number Street					
	Reno NV City State	89504-0872 ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	<b></b>		Contingent			
	Who incurred the debt? Check one.		Unliquidated			
	Debtor 1 only		Disputed			
	Debtor 2 only		— Dispator			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecu	ured claim:		
	At least one of the debtors and another					
	_		Student loans			
	☐ Check if this claim is for a community deb	ot	Obligations arising out of a sepa that you did not report as priority	claims		
	Is the claim subject to offset?		Debts to pension or profit-sharin	g plans, and other similar debts	•	
	☑ No		Other Specify Reno Emerg	gency Physicians		
	Yes					
4.2	Hospital CollectionServices		Last 4 digits of account number	1 5 6 3	s 700.00	į
	Nonpriority Creditor's Name	<del></del>	When was the debt incurred?	8/12/2016		_
	P.O. Box 872					
	Number Street					
	Reno NV	89504-0872	As of the date you file, the claim	is: Check all that apply.		
	City State	ZIP Code	☐ Contingent			
	Who Incurred the debt? Check one.		Unliquidated			
			Disputed			
	Debtor 1 only Debtor 2 only		·			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecu	ured claim:		
	At least one of the debtors and another		Student loans			
			Obligations arising out of a sepa	ration agreement or divorce		
	☐ Check if this claim is for a community det	x	that you did not report as priority			
	Is the claim subject to offset?		Debts to pension or profit-sharin	g plans, and other similar debts	•	
	☑ No		Other Specify Nevada Em	ergency Physicians		
	☐ Yes					
4.3						
	Nonpriority Creditor's Name		Last 4 digits of account number		\$	
	Horpitolity Orbitol 5 Hallo		When was the debt incurred?	<u> </u>		•
	Number Street					
	City State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one.		Contingent			
			☐ Unliquidated			
	Debtor 1 only		☐ Disputed			
	Debtor 2 only					
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecu	ured claim:		
	At least one of the debtors and another		Student loans			
	☐ Check if this claim is for a community det	ot	Obligations arising out of a sepa	ration agreement or divorce		
	is the claim subject to offset?		that you did not report as priority  Debts to pension or profit-sharin			
	□ No		Other, Specify		•	
	☐ Yes		Outer, Specify			

	Trisha	Case 18-5	Ann	DOC 1 E	Entered 06/25/18 09:29:30	•	35 Of 5	Т	
obtor 1	First Name	Middle Name	Lest Nam		Case number (if known	n)		· · · · · ·	<del></del>
art 2:	List All	of Your NONP	RIORITY Un	secured Claim	18				
. Do any	y creditors	have nonpriori	ty unsecured	cialms against y	ou?				
		nothing to report	in this part. Su	ıbmit this form to	the court with your other schedules.				
<b>∡</b> Ye	es .								
. List all	l of your no	onpriority unsec	cured claims in	n the alphabetica	al order of the creditor who holds eacl	h claim. If a	creditor ha	s more t	nan one
nonprid	ority unsect	ired claim, list th	e creditor sepa	rately for each cla	aim. For each claim listed, identify what t n, list the other creditors in Part 3.If you h	ype of claim	it is. Do no	t list clair	ms already
		Continuation Pag		a partioural ordin	, not the oblet orealists in the control of			,,,p.,,,,,,	41.0004.04
								Total	claim
	MSA				Last 4 digits of account number 3	1 2	6		
	iority Creditor's	Name			Last 4 digits of account number		<del>-</del>	\$	1500.00
P.O.	. Box 371	863			When was the debt incurred?				
Numbe		ət			_				
Pitts City	sburgh		PA State	15250-786 ZIP Code	<ul><li>As of the date you file, the claim is:</li></ul>	: Check all tha	t apply.		
City			Sidle	ZIF COGE	<b>,</b>				
Who	Incurred th	e debt? Check on	ı <del>c</del> .		☐ Contingent ☐ Unliquidated				
	ebtor 1 only				Disputed				
O 🛄	ebtor 2 only								
	ebtor 1 and l	•			Type of NONPRIORITY unsecured	d claim:			
LE A	it least one of	the debtors and a	nother		Student loans				
□ c	heck if this	claim is for a co	mmunity debt		Obligations arising out of a separation that you did not report as priority claims.		or divorce		
is the	e claim sub	ject to offset?			Debts to pension or profit-sharing pla	lans, and other	r similar debt	S	
Z N					Other. Specify Ambulance ser	rvice	· · · · ·		
☐ Y	'es								
Sha	iii Mathev	v, M.D., P.C.			Last 4 digits of account number	3 5 2	3	\$	850.00
	iority Creditor's				When was the debt incurred?				
		Way, Suite 1	00						
Numb		et 'v	NV	89509-539	As of the date you file, the claim is:	: Check all tha	t apply.		
City	10		State	ZIP Code					
•		a dabig Obaci a			☐ Contingent☐ Unliquidated				
	Debtor 1 only	e debt? Check or	re.		☐ Disputed				
	Debtor 2 only								
☐ D	ebtor 1 and I	Debtor 2 only			Type of NONPRIORITY unsecured	d claim:			
□ A:	t least one of	the debtors and a	nother		Student loans				
□ c	Check if this	claim is for a co	mmunity debt		Obligations arising out of a separation that you did not report as priority cla		or divorce		
is the	e claim sub	ject to offset?			Debts to pension or profit-sharing pl	ians, and othe	r similar debt	8	
₩ N	lo				Other. Specify Medical Service	es		•	
O Y	'es								
St. I	Marv's Re	egional Medic	al Center		Last 4 digits of account number	7 4 6	4		3,000.00
Nonpr	riority Creditor's	Name				2/16/2016		\$	3,000.00
		npmic Blvd					•		
Numb	er Stre sadena	et	CA	91199-146	37				
City	pauci la		State	ZIP Code	As of the date you file, the claim is:	: Check all tha	it apply.		
•	. In success of 44	n daht? Chad			Contingent				
WINO	encurred tr Debtor 1 only	e debt? Check or	rc.		Unliquidated				
[7] n					☐ Disputed				

No Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

☐ Student loans

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical services

Debtor 1

Trisha

Case number (if known)

Par	12: Your NONPRIORITY Un	secured C	laims — Continua	tion Page	
Afte	er listing any entries on this page	, number the	om beginning with 4	.4, followed by 4.5, and so forth.	Total claim
	Swiss Colony			Last 4 digits of account number 5 4 1 8	s 650.00
	Nonpriority Creditor's Name 1515 S 21st Street			When was the debt incurred? 11/28/2012	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	Clinton	MA State	52732 ZIP Code		
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and and	ther		Student loans	
	☐ Check if this claim is for a community debt			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
				Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other Specify Credit Card	
	Ø No □ Yes				
	Li Yes				
$\neg$					
	GM Financial			Last 4 digits of account number 5 7 8 1	<b>\$ 15,000.00</b>
	Nonpriority Creditor's Name			When were the debt incurred? 7/26/2015	
	P.O. Box 181145			When was the debt incurred? //20/2015	
	Number Street	TX	76096-1145	As of the date you file, the claim is: Check all that apply.	
	Arlington City	State	ZIP Code	☐ Contingent	
				Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only	•			
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Deptor 1 and Deptor 2 only     At least one of the debtors and and	ther		Student loans	
	☐ Check if this claim is for a community debt			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
				Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?			Other. Specify Auto Loan	
	₩ No				
	☐ Yes				
					300.00
	UNR Parking and Transport	tation Serv	rices	Last 4 digits of account number 7 6 3 3	V
	Nonpriority Creditor's Name			When was the debt incurred? 10/26/2015	
	1664 North Virginia Street, Mail Stop 0254				
	Reno	NV	89557	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one			Unliquidated	
	Debtor 1 only	•		Disputed	•
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt			you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Parking violations	
	<b>1</b> No			- Outer, oponing instances	
	Yes				

Debtor 1

Part 3:

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List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Cheatenna): Deat to Condition with Dringly Unconword Claims
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
(ACILIADO)	Gudat			Part 2. Creditors with Nonphority Onsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				( (Ot a trans) D Dad to Out the south District Hasenward Obsises
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
real index	Outo			Claims
				Look diddle of coordinates
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name		······································		
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
******				
City		State	ZIP Code	Last 4 digits of account number
·				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
			<u> </u>	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				On which only his are I of are a did you hat the original crosses.
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Ciantis
City		State	ZIP Code	Last 4 digits of account number
<b>,</b>		<del>-</del>		On which entry in Part 1 or Part 2 did you list the original creditor?
Name				on which only in rate roll at 2 are you not all original ordans.
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Cigills
City		State	ZIP Code	Last 4 digits of account number
<b></b> ,				
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
/				

Official Form 106E/F

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Debtor 1

Trisha

Case number (if known)\_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
		,	Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	<ol> <li>Other. Add all other nonpriority unsecured claims.</li> <li>Write that amount here.</li> </ol>	6i.	+ \$	34,150.00
	6j. Total. Add lines 6f through 6i.	<b>6j</b> .	\$	34,150.00

Official Form 106G  Schedule G: Executory Contracts and Unexpired Leases  12/ 8 as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).  1. Do you have any executory contracts or unexpired leases?  □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. □ Yes, Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 196A/B).  2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contract unexpired leases.  Person or company with whom you have the contract or lease  State what the contract or lease is for  Apartment Lease for current residence.  Name  Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code	First Name Middle Name Last Name  tor 2 use If filting) First Name Middle Name Last Name  ed States Bankruptcy Court for the: District of Nevada e number	☐ Check if this is a
Delicial Form 106G  Schedule G: Executory Contracts and Unexpired Leases  120 as a complete and accurate as possible. If two mented people are filling together, both are equally responsible for supplying correct formation. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any ditional pages, we have any executory contracts or unexpired leases?    Do you have any executory contracts or unexpired leases?   No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.   Yes. Fill in all of the information below even if the contracts or lease are listed on Schedule AIB: Property (Official Form 106AB).   List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, sent, vehicle leases, cell phone). See the instructions for this form in the instruction booklet for more examples of secutory contact unexpired leases.  Person or company with whom you have the contract or lease   State what the contract or lease is for	use If filing) First Name Middle Name Last Name  ad States Bankruptcy Court for the: District of Nevada  a number (own)	☐ Check if this is a
Check if this case number   Check if this amended file (Trown)   Check if this amen	ed States Bankruptcy Court for the: District of Nevada e number	☐ Check if this is a
Check if this amended file	e number	Check if this is a
The complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct communitor. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any ditional pages, write your name and case number (if known).  Do you have any executory contracts or unexpired lesses?  On check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below even if the contract or lesses are isled on Schedule A/B: Property (Official Form 106A/B).  List separately each person or company with whom you have the contract or lesse. Then state what each contract or lesses is for (for example, rant, vehicle lesse, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contract unexpired lesses.  Person or company with whom you have the contract or lesse.  State what the contract or lesse is for 10 C B institute Point via AM Rent  Name  P.O. Box 3027  Number Street  City State ZIP Code  Apartment Lease for current residence.  Name  Number Street  City State ZIP Code	lown)	Check if this is a
Chedule G: Executory Contracts and Unexpired Leases  12/  12/ as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct formation. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any difficulty pages, write your name and case number (if known).  Do you have any executory contracts or unexpired leases?  A. Check this box and file this form with the count with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).  List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle leases, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contract unexpired leases.  Person or company with whom you have the contract or lease  State what the contract or lease is for  G C Bristle Point via AM Rent  Name  P.O. Box 3027  Name  Number Street  City State ZIP Code  4  Name  Number Street  City State ZIP Code	cial Form 106G	amonded filing
as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct ormstion. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any ditional pages, write your name and case number (if known).  Do you have any executory contracts or unexpired leases?  No check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  Yes, Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).  List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contract unexpired leases.  Person or company with whom you have the contract or lease  State what the contract or lease is for Name  P.O. Box 3027  Number Street  City State ZIP Code  Number Street  City State ZIP Code  Number Street  City State ZIP Code		
commetion. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any ditional pages, write your name and case number (if known).  Do you have any executory contracts or unexpired leases?  No. Check this box and fille this form with the court with your other schedules. You have nothing else to report on this form.  Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule AB: Property (Official Form 106A/B).  List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contract unexpired leases.  Person or company with whom you have the contract or lease  State what the contract or lease is for  G C Bristle Point via AM Rent  Name  P.O. Box 3027  Number Street  City State ZIP Code  Name  Number Street  City State ZIP Code  Name  Number Street  City State ZIP Code	hedule G: Executory Contracts and Unexpired Leases	12/15
Apartment Lease for current residence.    Name	List separately each person or company with whom you have the contract or lease. Then state what each contract or example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of exampled leases.	lease is for (for xecutory contracts ar
P.O. Box 3027 Number Street Pittsburgh, PA 15230 City State ZIP Code  Name  Number Street  City State ZIP Code  Name  Number Street  City State ZIP Code  Number Street  City State ZIP Code		
Pittsburgh, PA 15230 City State ZIP Code  Name  Number Street  City State ZIP Code  Number Street  City State ZIP Code  Number Street  Number Street  City State ZIP Code		
City State ZIP Code  Name  Number Street  City State ZIP Code  Number Street  City State ZIP Code  Number Street  Number Street  Number Street  Number Street	•	
Number Street  City State ZIP Code  Name  Number Street  City State ZIP Code  Number Street		
Number Street  City State ZIP Code  Name  Number Street  City State ZIP Code		
Name  Number Street  City State ZIP Code  Name  Number Street	Name	
Name  Number Street  City State ZIP Code  Name  Number Street	Number Street	
Name  Number Street  City State ZIP Code  Name  Number Street	City State 7IP Code	
Number Street  City State ZIP Code  Name  Number Street	ony cance an execution	
City State ZIP Code  Name  Number Street	Name	
City State ZIP Code  Name  Number Street	Number Street	
Name Number Street		
Name  Number Street	City State ZIP Code	
	Name	
City State 7IP Code	unmbel 20eet	
OKY GERIC EII OUG	City State ZIP Code	

Number

City

Street

ZIP Code

State

Debtor 1

Viser Trisha Ann

Case number (if kn

-	 _	

## Additional Page If You Have More Contracts or Leases

Name				
Number	Street			
City		State	ZIP Code	_
Name				
Number	Street			
City	·····	State	ZIP Code	
				_
Name				
Number	Street			
City		State	ZIP Code	
Vame	,			
Number	Street		With the state of	
City		State	ZIP Code	
Name				
Number	Street			
City		State	ZIP Code	
				, ,
Name				
Number	Street			
City		State	ZIP Code	
Name				
Number	Street			
City		State	ZIP Code	
Name			· · · · · · · · · · · · · · · · · · ·	
Number	Street			
City		State	ZIP Code	

What the contract or lease is for

City

Fill in this	s information to ide	ntify your case:		
Debtor 1	Trisha	Ann	Viser	
	First Name	Middle Name	Last Name	_
Debtor 2 (Spouse, if fil	ing) First Name	Middle Name	Last Name	-
United Stat	es Bankruptcy Court for	r the: District of Nevada		
Case numb	per			
(if known)				☐ Check if this is amended filing
)fficio	l Corm 106L	1		
	Form 106    <b>H: Y</b> c	<u>1                                    </u>	'S	12/1!
re filing to not number ase number.  1. Do you 2 Ye 2. Within Arizon 1 Not 1 Ye	ogether, both are eder the entries in the entries in the er (If known). Answer was any codebto of the entries of the last 8 years, he a, California, Idaho, of Go to line 3.	qualty responsible for sup- boxes on the left. Attach wer every question.  Pre? (If you are filing a joint ave you lived in a communication, New Moules and Nevada, New Moules and New Moules and New Moules are supplied to the supplied to t	case, do not list either spountity property state or terrilexico, Puerto Rico, Texas, uivalent live with you at the	Itory? (Community property states and territories include Washington, and Wisconsin.)
	Charles Grubb Name of your spouse, for 508 Alpine Ros	ormer spouse, or legal equivalent		
	Number Street			<del></del>
	Reno	NV State	89521 ZIP Code	<del></del>
Sched Sched	dule D (Official Form	n 106D), S <i>chedule E/F</i> (O le G to fill out Column 2.	•	signer. Make sure you have listed the creditor on hedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debi
3.1 Ch	adaa Caubb			Check all schedules that apply:
Name				Schedule D, line
508 Numi	8 Alpine Rose Co	ourt		Schedule E/F, line 4.1
Re		NV	89521	Schedule G, line
City		State	ZIP Coo	6
3.2 Name	A			Schedule D, line
Hall				Schedule E/F, line
Num	ber Street			☐ Schedule G, line
City		State	ZIP Coo	e
3.3				Schedule D, line
Nam	6			Schedule E/F, line
Num	ber Street			□ Schedule G, line
City		State	ZIP Coo	e
		31410	_,, 000	-

page 1 of 🔬

Viser Ann Trisha Case number (# known) Debtor 1 **Additional Page to List More Codebtors** Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Check all schedules that apply: 3.\_ ☐ Schedule D, line \_ Name ☐ Schedule E/F, line ☐ Schedule G, line \_\_\_\_ Number Street ZIP Code State City ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number Street ZIP Code State City ☐ Schedule D, line \_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street ZIP Code City State ☐ Schedule D, line \_ Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number Street State ZIP Code City Schedule D, line Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street City ZIP Code 3.\_ ☐ Schedule D, line \_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number Street ZIP Code City State ☐ Schedule D, line \_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number Street ZIP Code State City 3. ☐ Schedule D, line \_\_

page 2 of 2

■ Schedule E/F, line \_\_\_ Schedule G, line \_\_\_\_

7IP Code

State

City

Name

Number

Street

	nation to identify	your case:			
Debtor 1 Tris	sha	Ann	Viser		
First !	Name	Middle Name	Last Name		
lebtor 2 Spouse, if filing) First t	Name	Middle Name	Last Name		
Inited States Bankr	uptcy Court for the: [	District of Nevada			
ase number				C	heck if this is:
lf known)					An amended filing
					A supplement showing postpetition chapter income as of the following date:
fficial Form	1061				MM / DD / YYYY
chedul	le I: You	r Income			12/15
you are separate parate sheet to	ed and your spou	se is not filing with you top of any additional pa	, do not include inf	formation about y	ng with you, include information about your spo your spouse. If more space is needed, attach a nber (if known). Answer every question.
Fill in your em information.	ployment		Debtor 1		Debtor 2 or non-filing spouse
If you have more attach a separation aborements.		Employment status	☑ Employed ☐ Not employ	<b>red</b>	☐ Employed ☐ Not employed
Include part-tim self-employed	ne, seasonal, or work.	Occupation	Spa Director		
Occupation ma or homemaker,	y include student if it applies.	o o o a passo i i			
		Employer's name	Atlantis Casi	no	
		Employer's address	3800 S. Virgi		Number Street
			17411201 04001		
			Reno	NV 8	9502
			City	State ZIP Code	e City State ZIP Code
		How long employed th	ere?	_	<del></del>
Part 2: Give	e Details About	Monthly Income			
Estimate mon	thly income as of	the date you file this fo	rm. If you have noth	ning to report for a	ny line, write \$0 in the space. Include your non-filling
spouse unless If you or your n	you are separated on-filing spouse ha	•	yer, combine the inf		ployers for that person on the lines
•	•	·		For De	btor 1 For Debtor 2 or non-filing spouse
		ary, and commissions (		2. • 5.00	00.00
	f not paid monthly,	calculate what the month	ily wage would be.	\$ 3,00	00.00 \$ 0
deductions). It	f not paid monthly,		ny wage would be.	3. <b>+</b> \$	0.00 + \$ 0.00

Official Form 1061 Schedule I: Your Income page 1

Debtor 1	Trisha First Name	Ann Middle Name Lest Name	Viser		C	ase number (# kno	₩n)				
	, , , , , , , , , , , , , , , , , , , ,				Fo	r Debtor 1		obtor 2 or ing spouse			
Cor	ov line 4 here			<b>→</b> 4	s	5,000.00	\$	0.00			
	•		••••••	<b>2</b> 4.	Ψ		Ψ				
5. List	ali payroli ded	uctions:									
	•	e, and Social Security deductio		5a.	\$_	204.80					
	•	entributions for retirement plan		5b.	\$	0.00		<del></del>			
	•	ntributions for retirement plans		5c.	\$	0.00					
	· ·	syments of retirement fund loa	ns .	5d.	\$_	0.00 18.36					
	. Insurance	port obligations		5e.	\$_ \$	0.00					
	-	port obligations		5f.	₽_ \$	0.00					
-	Union dues	lana Ossalf		5g.							
5N	Otner geguct	ons. Specify:		5h.	+\$_	0.00	+ \$				
6. <b>A</b> d	id the payroli d	eductions. Add lines 5a + 5b + 5	c + 5d + 5e +5f + 5g + 5h	i. 6.	\$_	223.16	\$				
7. <b>Ca</b>	iculate total me	onthly take-home pay. Subtract	line 6 from line 4.	7.	\$	2,276.84	\$				
8. <b>Lis</b>	t all other inco	ne regularly received:									
8a.	profession, o										
		nent for each property and busine ary and necessary business expe		8a.	\$_	0.00	\$				
8b	. interest and d			8b.	\$	0.00	s				
8c.	Family suppo	rt payments that you, a non-fill	ng spouse, or a depend	ent	<b>-</b>	the transfer of the second	¥ <u></u>				
		y, spousal support, child support, d property settlement.	maintenance, divorce	8c.	\$	0.00	\$				
8d.	Unemployme	nt compensation		8d.	\$_	0.00	\$				
8 <b>e</b>	. Social Securi	ty		8e.	\$_	0.00	\$				
8f.	Include cash a that you receiv	ment assistance that you regul ssistance and the value (if known e, such as food stamps (benefits tance Program) or housing subsi	) of any non-cash assista under the Supplemental	nce							
	Specify:			8f.	\$_	0.00	\$				
•		tirement income		8g.	\$_	0.00	\$				
8n	. Other monthly	y Income. Specify:		8h.	+\$	0.00			,		
		me. Add lines 8a + 8b + 8c + 8d	+ 8e + 8f +8g + 8h.	9.	\$_	0.00	\$		]		
		Income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 o	or non-filing spouse.	10.	\$_	2,276.84	+ s_	<del></del>	=	\$	2,276.84
Inc	_	ular contributions to the expensions in the expension of	_			ents, your room	nmates, ar	nd other			
		amounts already included in lines	2-10 or amounts that are	not av	ailable	to pay expens	ses listed i				0.00
•	cify:					<del></del>			+	\$	0.00
		the last column of line 10 to the notice that the summary of Your Assets as					-	ie. 12.		\$	2,276.84
		increase or decrease within th	e year after you file this	form?						Comb	ined ity income
	No. Yes. Explain:	A decrease in monthly incom \$600 per month.	e due to insurance enr	rollme	nt in C	October 2018	in the ap	proximate ar	noui	nt of \$	500 to

Official Form 106I

	Fill in this information to identify	your case:			
	Debtor 1 Trisha	Ann Viser	Check if thi	is is:	
	Debtor 2	MIQUIC LESS NEITHE	— ☐ An ame		
1	(Spouse, if filing) First Name	Middle Name Last Name		ement showing post	petition chapter 13
	United States Bankruptcy Court for the: I	District of Nevada		es as of the following	
	Case number(If known)		MM / DD	)/ YYYY	
L					
<u>C</u>	Official Form 106J				
5	Schedule J: Yo	ur Expenses			12/15
in	- · · · · · · · · · · · · · · · · · · ·	essible. If two married people are fill ed, attach another sheet to this form			-
P	art 1: Describe Your Hou	sehold			
1.	Is this a joint case?	***************************************			
	☑ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a s	separate household?			
	□ No				
	Yes. Debtor 2 must file	e Official Form 106J-2, <i>Expenses for</i> S	Separate Household of Debtor 2.		
2.	Do you have dependents?	☐ No	Dependent's relationship to	Dependentie	Does dependent the
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the dependents' names.		Son	12	U No ☑ Yes
			Son	10	□ No
				<del></del>	☑ Yes
			Daughter	8	U No ☑ Yes
			Son	5	□ No
					☑ Yes
			Son	1	UINo ⊠IYes
3.	Do your expenses include	П.,,			
-	expenses of people other than yourself and your dependents?	ÜINo ☑ Yes			
		ng Monthly Expenses			<b>****</b>
<b>e</b> 2		bankruptcy filing date unless you a kruptcy is filed. If this is a supplement			-
-	· -	n-cash government assistance if you	ı know the value of		
SI	uch assistance and have included	it on Schedule I: Your Income (Offi	cial Form 106l.)	Your expe	nses
4.	. The rental or home ownership e any rent for the ground or lot.	expenses for your residence. Include	first mortgage payments and	4. \$	1,400.00
	if not included in line 4:				2.22
	4a. Real estate taxes			4a. \$	0.00
	4b. Property, homeowner's, or re			4b. \$	0.00
	4c. Home maintenance, repair,			4c. \$	0.00
	4d Homeowner's association or	condominium dues		44 🕏	0.00

Official Form 106J Schedule J: Your Expenses page 1

Debtor 1 Trisha Ann Viser Case number (# known)

			Your exp	enses
	Additional mortgage payments for your residence, such as home equity loans	<b>5</b> .	\$	0.00
		<b>3</b> .		
6.	Utilities:	_		150.00
	6a. Electricity, heat, natural gas	6a.	\$	00.00
	6b. Water, sewer, garbage collection	6b.	\$	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	450.00 100.00
	6d. Other. Specify: Pet	6d.	\$	
7.	Food and housekeeping supplies	7.	\$	1400.00
8.	Childcare and children's education costs	8.	\$	
9.	Clothing, laundry, and dry cleaning	9.	\$	250.00
10.	Personal care products and services	10.	\$	200.00
11.	Medical and dental expenses	11.	\$	100.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	375.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	160.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	45-	•	20.00
	15b. Health insurance	15a.	•	0.00
		15b.	3	150.00
	15c. Vehicle insurance  15d. Other insurance. Specify:	15c.	\$	0.00
	15d. Other insurance. Specify.	15d.	2	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
17.				
	17a. Car payments for Vehicle 1	17a.	2	335.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other Specify:	17c.	\$	
	17d. Other. Specify:	17d.	₽	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	<b>)</b> .		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

## Case 18-50677-btb Doc 1 Entered 06/25/18 09:29:30 Page 47 of 51

Debtor 1	Trisha First Name	Middle Name	Ann Last Name	Viser	Case number (# k	nown)		
21. <b>Oti</b>	her. Specify:					21.	+\$	0.00
22. <b>Ca</b> l	iculate your mon	thly expense:	<b>3</b> .					
228	a. Add lines 4 thro	ugh 21.				22a.	\$	5,300.00
22t	o. Copy line 22 (m	onthly expense	es for Debtor 2), if a	ny, from Official Form 1	06J-2	22b.	\$	0.00
220	c. Add line 22a and	d 22b. The res	ult is your monthly e	expenses.		<b>22c</b> .	\$	5,300.00
	culate your month	•		m Cabadula I		<b>00</b> -	s	5,000.00
23a. 23b.	•		monthly income) from from line 22c above			23a. 23b.	-\$	5,300.00
<b>23c</b> .	Subtract your management of the result is you		es from your month income.	ly income.		<b>23c</b> .	\$	-300.00
24. <b>Do</b> y	you expect an inc	crease or dec	rease in your expe	nses within the year a	fter you file this form?			
		•		loan within the year or a modification to the ten	• • •			
	_	ere: Increase	in expenses of a	oproximately \$500-\$6	600 monthly for health	insuran	ce in Octol	oer 2018 which is

open enrollment.

Official Form 106J

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Fill in this ii	nformation to iden	tify your case:			
Debtor 1	Trisha First Name	Ann Middle Name	Viser	_	
Debtor 2			Last Natire		
(Spouse, if filing	,	Middle Name	Last Name		
		the: District	. of		
Case number (If known)					Check if this is a amended filing
Officia	al Form 106	iDec			
	<del> </del>		Individual D	ebtor's Schedules	12/15
if two mar	ried people are fill	ing together, both are e	equality responsible for sur	plying correct information.	
Did yo		pay someone who is N	OT an attorney to help you	fill out bankruptcy forms?	1,400 PA (1,11,11)
	s. Name of person_			. Attach Bankruptcy Petition Preparer's Notice, Deck	aration, and
				Signature (Official Form 119).	
	penalty of perjury ley are true and co		ead the summary and sche	dules filed with this declaration and	
Signat	tule of pebtor 1, Pi	n Se	Signature of Debtor	2	
	21 1.01			2	

Gold Acceptance P.O. Box 1889 Orange, CA 92856

Ad Astra Recovery Service 7330 W 33rd St. NSTE 118 Wichita, KS 67205

AMCOL Systems Inc. P.O. Box 21625 Columbia, SC 29221-17625

B & P Collection Services 816 S. Center Street Reno, NV 89501-2306

CACH LLC
c/o Resurgent Capital
P.O. Box 1269
Greenville, SC 29603

CMRE Financial 3075 E. Imperial Hwy Ste 200 Brea, CA 92821

Collection Service of Nevada 777 Forest Street Reno, NV 89509-1711

Contnental Finance Company 4550 New Linden Hill Rdstate 400 Wilmington, DE 19808

Credit Collection Service P.O. Box 607 Norwood, MA 02062 Credit One Bank
P.O. Box 98872
Las Vegas, NV 89193-8872

Enhanced Recovery Company P.O. Box 57547 Jacksonville, FL 32241

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

G C Bristle Point via AM Rent P.O. Box 3027 Pittsburgh, PA 15230

GM Financial P.O. Box 181145 Arlington, TX 76096

Gold Acceptance P.O. Box 1889 Orange, CA 92856

Hospital Collection Services P.O. Box 872 Reno, NV 89504-0872

REMSA
P.O. Box 371863
Pittsburgh, PA 15250-7863

Shaiji Mathew, M.D., P.C. 3639 Warren Way, Suite 100 Reno, NV 89509-5390 St. Mary's Regional Medical Ctr 1801 W. Olympic Blvd Pasadena, CA 91199-1467

Swiss Colony 1515 S 21st Street Clinton, MA 52732

UNR Parking and Transportation Svcs 1664 N. Virginia St., Mail Stop 0254 Reno, NV 89557

Trisha Viser 2050 Longley Lane, #503 Reno, NV 89502